



COMDTINST 6010.18A

**14 AUG 1991**

**COMMANDANT INSTRUCTION 6010.18A**

**Subj:** Use of Clinic Automated Management System (CLAMS) data collection forms; Status-Profile, CG-5460A, and Visit Profile, CG-5460B

1. **PURPOSE.** This Instruction provides additional information concerning the use of the Clinic Automated Management System, establishes the patient check in forms, Status-Profile, CG-5460A and Visit Profile, CG-5460B, and provides updated instructions for using the forms.
2. **DIRECTIVES AFFECTED.** Commandant Instruction 6010.18 is canceled. The contents of this Instruction will be incorporated into a future change to COMDTINST 6000.1 (series), Medical Manual.
3. **DISCUSSION.** The new Clinic Automated Management System software is being installed at Coast Guard clinics and sickbays. Use of the software is explained in the CLAMS Users Guide. This Instruction covers form use and availability only. Coast Guard health care facilities shall use either the Visit Profile or Status-Profile form, as appropriate, to perform patient check in, collect patient identification information, and to compile outpatient visit statistical data for each visit. Enclosure (1) contains specific instructions for completing the forms and guidelines for their use.
  - a. The Status-Profile form can be used for any visit by either an active duty member or civilian employee. It must be used for their first time visits, and for visits when a duty status slip may be required.
  - b. The Visit Profile form must be used by all dependents and retirees. It can be used by active duty and civilian employees who have previously been entered into the database and will not need a duty status chit. If a Visit Profile sheet is started on a patient who later turns out to need a duty status, discard the Visit Profile and start over on a Status-Profile (which has a duty status chit included).

**DISTRIBUTION - SDL No. 129**

	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z
A	3	3	3		3	3		3					2								2					
B		8	20		5	4		6	1	1		5	1	5			6	5								
C	*	*		3	*				*		5											*				
D	2			2*								*	1													
E																										
F	1	1								*																
G																										
H																										

• **NON-STANDARD DISTRIBUTION:** See page 3.

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3. c. Status-Profile and Visit Profile forms are temporary records, and can be destroyed one month after the Headquarters and MLC reports which reflect their data have been completed (clinics report monthly and sickbays report every six months). This is sufficient time to ensure that viable, usable data has been received and processed. To accommodate possible difficulties during the CLAMS phase-in period, do not destroy any profile sheets before 1 October 1991.
- d. The CLAMS reporting system replaces several forms and generates required reports. Units may discontinue the use of replaced forms after their CLAMS program is installed and has successfully generated all required forms and reports. Replaced forms are:
  - (1) Medical Report of Duty Status (HSA-131)
  - (2) Aeromedical Grounding and Clearance Notices (NAVMED 6410.1 and 6410.2)
  - (3) Clinic Data Collection Form (CG-5460)
  - (4) Dental Daily Workload Report (CG-4630A)
  - (5) Dental Workload Report (CG-4630)
  - (6) Report of Non-USCG Outpatient Health Care (CG-5403) (RCN-6000-3 applies)
  - (7) Health Services Statistical Report (CG-4142) (RCN 6000-1 applies)
  - (8) Request for Medical/Dental Records (DD-877)
- e. Outpatient Medication Profile (CG-4921) use is optional at facilities using CLAMS pharmacy module or the Tri-Service Micro Pharmacy System.
4. ACTION. Area and district commanders, commanders of maintenance and logistics commands, unit commanding officers, and Commander, CG Activities Europe shall ensure compliance with the provisions of this Instruction.
5. FORMS AVAILABILITY. An initial stocking of Status-Profile and Visit Profile forms were supplied to health care facilities. Status-Profile, CG-5460A, is available from Coast Guard Supply Center using SN 7530-01-GF3-2520, U/I (PG) (100 sets). Visit Profile, CG-5460B, is available from Coast Guard Supply Center using SN 7530-01-GF3-2530, U/I (PD) (100 sheets).



R. R. BOCK

Acting Chief, Office of Health and Safety

- Encl:
- (1) Clinic Automated Management System (CLAMS), Use of the Status-Profile (CG-5460A) and Visit Profile (CG-5460B)
  - (2) Status-Profile sample form
  - (3) Visit Profile sample form

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Non-Standard Distribution:

- B:c MLCLANT, MLCPAC (6 extra)
- C:a Cape Cod, Miami, Clearwater, Borinquen, Traverse City and Astoria only (5), Brooklyn, New Orleans, Corpus Christi, San Diego, Sacramento and Barbers Point only (3)
- C:b Humboldt Bay, North Bend, Port Angeles and Sitka only (4), Savannah, Houston and San Francisco only (2)
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- D:l Guantanamo Bay, San Diego, Pearl Harbor, Naval Amphibious Base Littlecreek, and OASD Liaison only (2)
- F:j Houston only (2)

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time. The President talks about the war with Mexico, and about the relations between the United States and Great Britain. He also talks about the economy, and about the progress of the country. The letter is written in a very formal style, and it is very well organized. It is a very important document, and it is one of the most important documents in the history of the United States.

2. The second part of the document is a letter from the Secretary of the Treasury to the Congress, dated January 3, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time. The Secretary talks about the war with Mexico, and about the relations between the United States and Great Britain. He also talks about the economy, and about the progress of the country. The letter is written in a very formal style, and it is very well organized. It is a very important document, and it is one of the most important documents in the history of the United States.

3. The third part of the document is a letter from the Secretary of the Interior to the Congress, dated January 3, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time. The Secretary talks about the war with Mexico, and about the relations between the United States and Great Britain. He also talks about the economy, and about the progress of the country. The letter is written in a very formal style, and it is very well organized. It is a very important document, and it is one of the most important documents in the history of the United States.

4. The fourth part of the document is a letter from the Secretary of the War to the Congress, dated January 3, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time. The Secretary talks about the war with Mexico, and about the relations between the United States and Great Britain. He also talks about the economy, and about the progress of the country. The letter is written in a very formal style, and it is very well organized. It is a very important document, and it is one of the most important documents in the history of the United States.

5. The fifth part of the document is a letter from the Secretary of the Navy to the Congress, dated January 3, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time. The Secretary talks about the war with Mexico, and about the relations between the United States and Great Britain. He also talks about the economy, and about the progress of the country. The letter is written in a very formal style, and it is very well organized. It is a very important document, and it is one of the most important documents in the history of the United States.

**CLINIC AUTOMATED MANAGEMENT SYSTEM**  
**USE OF THE STATUS-PROFILE (CG-5460A) AND VISIT PROFILE (CG-5460B)**

Clams will automatically generate the following from information entered at the keyboard for each patient's visit:

- Health Services Statistical Report;
- Report of Non-USCG Outpatient Health Care;
- Practitioner workload and referral patterns;
- Any/all other routine, recurring reports for MLC;
- Health Services Log;
- Binnacle list(s);
- Patient notification letters regarding pap smear, biopsy, and mammography results;
- Lists of persons due or overdue for periodic health services such as physical exams, audiograms, immunizations, etc.;
- Reports on outstanding referrals, which satisfy requirements of the quality assurance program in regard to monitoring patient referrals;
- Lists of potential third party pay cases;
- Lists of physical exams performed;
- Inpatient hospitalization notification messages;
- Patient notification letters regarding results of routine physical exams;
- Epidemiological information on incidence of illness and injury of active duty members;
- Requests for medical records, non-federal medical care;
- Lists of all visits where the member was other than fit for full duty (useful for medical boards, spotting absentee abuse patterns, etc.);
- Patient lists for health care audits; and
- Medication usage information (profile) on any patient or drug.

Enclosure (1) to COMDTINST 6010.18A

**Form Display:** Place supplies of the Status-Profile and Visit Profile forms where patients can easily get one when they enter the clinic. Label the stacks/boxes/bins in such a way as to guide patients to choose the proper form.

<p><b>5640A Status-Profile</b> DATE</p> <p>NAME SPONSOR SSN</p> <p>DUTY STATUS <input type="checkbox"/> IN FOR DUTY <input type="checkbox"/> NOT IN FOR DUTY</p> <p>SOMA DIAGNOSIS</p> <p>MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/></p>	<p>(rear of Status-Profile)</p> <p>Audit Codes</p> <p>Under Status Chit</p> <p>New Patient Information</p> <p>Problem Drugs</p> <p>Privacy Act Statement</p>	<p><b>5460B VISIT-PROFILE</b> DATE</p> <p>Name SPONSOR SSN</p> <p>Sponsor Dependents</p> <p>Reason for Visit</p> <p>Address</p> <p>Problem Drugs</p> <p>MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/></p>	<p>(rear of visit profile)</p> <p>Contains Privacy Act Statement</p> <p>Audit Codes HERE</p>
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**Form Use:**

	STATUS-PROFILE	VISIT PROFILE
Active Duty	Must be used for: 1) duty status visit 2) first visit	May be used for any other visit
Civilian Employee	Must be used for: 1) duty status visit 2) first visit	May be used for any other visit
Retiree	No use	Use for all visits
Dependent	No use	Use for all visits

**Status-Profile (CG-5460A)** – must be used by active duty persons and civilian employees who are either signing into the clinic/sickbay for the first time under CLAMS, or need a duty status chit. It has a limited space for patient identification at the top, a duty status slip (with copies) in the middle, visit information on the lower half, and a detailed patient information section on the back. Illustrations below have the area under discussion marked in some distinctive way; arrows, shaded, or rest of form blacked out.

**Top left** – Mechanical imprinting of the patient's name, if available. Have the patient fill in the appropriate data if mechanical imprinting is not used.

**Top right** – Date of visit is entered by the patient. The patient's social security number (SSN) and status (active duty or civilian employee) are also required if mechanical imprinting is not used.

**Rear** – For a patient's first clinic visit after installation of the CLAMS data base, more information is required on the back of the form.

**Middle section** – Duty status chits are issued under CLAMS in the same manner as they were before CLAMS. Fit for duty (FFD) chits are required for grounded members cleared for aviation duties, and for members returned to full duty before their restricted duty status has expired. The provider fills out and signs the duty status chit (with firm pressure, because two tear-off patient copies are produced at the same time). *DIF* (under FIT FOR FULL DUTY) stands for Duties Involving Flight.

A **diagnosis** must be included on each duty status chit issued, including FFD chits. If the practitioner does not want the diagnosis to appear on the binnacle list, enter an asterisk (\*) after the written diagnosis. Thus a data base entry of "gonorrhea\*" will appear as " " on the binnacle list. If inpatient, place a "\$" after the diagnosis.

If the illness or injury resulting in the duty restriction was (S) ports, (O) occupational, (M) motor vehicle, or (A) alcohol related, check the applicable | S | O | M | A | block(s). More than one block can be checked if appropriate.

*Note: Recording an alcohol related injury may not require an "official" determination of an alcohol related incident. Refer to Chapter 20, COMDTINST M1000.6 (series), Personnel Manual, for further guidance.*

CLAMS will accommodate two concurrent duty statuses on a patient. For example, a shorter duration NFFD for a viral syndrome can be superimposed on a long-standing FFLD status for an ankle sprain. CLAMS will also accommodate two serial (one after the other) statuses. For example, one day of NFFD followed by a week of FFLD for an ankle sprain. These can be noted on the same duty status chit and entered into the database at the same time. Both diagnoses and/or statuses will appear on the binnacle list.

*Note: Your binnacle list(s) can be generated from information in this section of the Status-Profile form.*

**Lower half of the form** – is for specific workload information.

If the visit will count as an outpatient visit (OPV) as defined by COMDTINST M6000.1 (series), Chapter 6-A-1, the caregiver's initials are required.

For medical and dental record purposes, the OPV caregiver is the individual who ultimately assumes responsibility for the patient's treatment. You are the caregiver for a visit if:

- a) your SOAP note is recorded in the health record,
- b) you assumed ultimate responsibility for the patient's treatment, and
- c) you signed the medical record entry.

Answering a question about a finding or treatment for another practitioner does not make you the caregiver of record. Also, a health services technician who performs a preliminary assessment (history, exam, and a plan) and then turns the patient over to a medical officer or other practitioner is *not* the OPV caregiver and should not initial a box. A telephone call by a health services technician to the duty practitioner in regard to a patient may constitute a transfer of responsibility, provided the duty practitioner's assessment and plan are recorded in the health record for his signature.



**Left side (lower half)** – There are two boxes available for OPV caregiver initials. A physician, physician assistant, nurse practitioner, physical therapist, mental health practitioner, medical health services technician, or medical extern initials the first box. The second box is also used when another problem which meets the OPV criteria is addressed by a second practitioner.

Check one visit length: "Limited" (less than 15 minutes), "Intermediate" (15–30 minutes), or "Extended" (more than 30 minutes), based on the number of minutes the OPV caregiver actually spent with the patient or working on the patient's problem (reading x-rays, checking lab work, etc.)

In the column of boxes under the visit length, indicate the type(s) of care provided during the visit. Use check marks for all boxes except initials (discussed above), audit codes, lab test(s), and medical x-rays. Check "routine exam" box only when an SF-88 type exam is done on an active duty member.

If the OPV deals with one of the audit codes listed on the back of the form, place the appropriate 2 letter code in the audit code box. These codes will help you generate lists of patients for the quality assurance monitoring and evaluation audits, and will save you the time and effort which would otherwise be required to prepare a list of patients seen for a particular problem.

Clinics can create their own codes for their own purposes if desired. These would be in addition to the audit codes listed on the back of the form. Two codes may be entered for each OPV. CLAMS will allow searching for any additional codes you might develop.

Lab and x-ray – use numbers to indicate quantities of tests performed. Keep in mind:

- an SMAC-24 is 1 test, not 24
- a CBC is 1 test
- a routine & microscopic urinalysis is 1 test
- each exposure is 1 x-ray
- culture is 1 test
- sensitivity is 1 test, etc.



Health benefits advice by itself does not constitute an OPV. However, it is work, and facilities should account for time expended. For episodes of health benefits advice (by telephone or in person) lasting more than three minutes, the advisor will enter his/her initials in the box provided.



There is no block for prescription count. Prescription counts will be automatically tallied by the pharmacy module of CLAMS. Patients using the pharmacy only (outside R<sub>x</sub> or a refill) do not need to fill out a Visit Profile sheet, except for their first visit when you will need all the information. If for some reason you are not using CLAMS for this purpose, you will be prompted to enter your total number of prescriptions filled when you are printing the HSSR.

*Note: Immunizations and EKGs are no longer counted.*

Check the NON-OPV box if no aspect of medical or dental care meets the criteria for an OPV. If you check NON-OPV, do not enter OPV caregiver(s) initials.

**Center (lower half)** – Place provider initials in the box by any referral(s) made or ordered. Initial the FED (Federal facility, e.g., USMTF, USTF) or NFED (non-federal, e.g., non-fed med, supplemental care, CHAMPUS, outside contract, etc.) column, as appropriate.

In-house referrals to contract providers as well as referrals to other Coast Guard clinics are exempt from this reporting. *DO NOT* mark a referral box for one of these.

Check the box for any tickler items performed.

Check the box for third party, if applicable. (For third-party liability guidelines, see COMDTINST 6010.16.)

**Right side (lower half)** – Dental follows the same general guidelines as the left (medical) side, e.g., the initials of the attending dental officer, dental extern, health services technician, or dental hygienist (see below) go in the OPV Caregiver box, whereas the person who performs a simple prophylaxis initials the box labeled Propy Giver.

When a dental officer or hygienist provides deep scaling and/or curettage along with prophylaxis, they shall initial the (dental) OPV Caregiver box and indicate the number of quadrants in the non-surg perio box. In the case of the hygienist, credit for a non-surg perio treatment may be taken only if the dental officer administered a local anesthetic.

Check the exam box only when a comprehensive, diagnostic oral examination (Type 1 or 2) is performed and documented in the dental record using SOAP format. In most cases, this will be an annual or semi-annual dental examination or a periodic physical examination.

All work *completed* by the dental OPV care giver will be recorded by numerals in the corresponding boxes to indicate the number of work units finished within each category. If a dental procedure is begun, but not finished, during a visit, the dental care giver shall initial the (dental) OPV Caregiver box for an OPV credit, but shall not put a number in a box below until the work is completed during a subsequent visit.

The screenshot shows a form titled 'Status-Profile' with a 'DATE' field. Below the title, there are two main sections. The left section is labeled 'DSO/P' and contains a checkbox. The right section is labeled 'Biopsy' and contains a checkbox. An arrow points to the 'DSO/P' checkbox.

At the end of the visit, enter the dental classification of the patient in the upper right-hand corner box ("1", "2", or "3").

Check the DSO/P box if a panograph was done IAW COMDTINST 6600.2 (series) *OR* a review of interval history indicated that existing panograph was still adequate for patient identification. This will reset the time interval in the tickler portion of CLAMS.

Enter the number of dental X-ray exposures (panographs count as 6) in the box provided. Panographs done for diagnostic purposes which will not be duplicated and sent to DEERS Support Office (DSO) will be counted as X-rays, but no check should be made in the DSO/P box.

Check the Biopsy box if one was done. This will cause CLAMS to give the provider automatic follow-up information and, when results are received, print a letter notifying the patient of the biopsy results.

The screenshot shows the back of the 'Status-Profile' form. It has four sections: 'Audit Codes' (with 'Under Status Chit' below it), 'New Patient Information', 'Problem Drugs', and 'Privacy Act Statement'. An arrow points to the 'New Patient Information' section.

**Reverse** – Active duty patients (of any service) and Coast Guard civilian employees must complete this section on their first visit. Clinic personnel shall ensure that all pertinent information is recorded, including all "Check as Appropriate" items. Reservists are to be entered into the database as active duty members of their respective service.

The screenshot shows the back of the 'Status-Profile' form. It has four sections: 'Audit Codes' (with 'Under Status Chit' below it), 'New Patient Information', 'Problem Drugs', and 'Privacy Act Statement'. An arrow points to the 'Problem Drugs' section.

**"Problem Drugs"** refers to any medication(s) causing the patient adverse or allergic reactions. To ensure that a caution message will appear on screen, in case a problem drug is inadvertently prescribed, enter the problem drug into the patient's database just as it appears in the clinic's formulary.

**Visit Profile (CG-5460B)** – must be used by *ALL* dependents and retirees. It can also be used by active duty and civilian employees if they have previously been entered into the data base and do not need a status chit. If a Visit Profile sheet is started on a patient who turns out to need a status chit, discard the Visit Profile and start over on a Status-Profile. Visit Profile sheets should be used by most active duty patients for the dental clinic, most non-sick call visits (except refill or renewal of a prescription), health benefit visits, weight checks, follow-up lab testing, immunizations, allergy shots, audiograms, etc.

The bottom half of this form is virtually identical to the Status-Profile sheet, so these paragraphs will only cover the few differences. For all other blocks/sections, see the Status-Profile instructions.

**Top Half** – A new patient must fill out all information on the top half of the form. A staff member (front desk or provider) should carefully review the form for completeness before the patient leaves the building since the patient cannot be properly entered into the data base without *ALL* this information.

*Note: The New Patient Information section will not have to be used again unless there is a change of address, phone, or drug reactions.*

**Top left** – Mechanical imprinting of the patient's name, if available; if not, the patient fills in. *Reason for Visit* box is optional and is provided for facility triage. Its use will probably save both you and the patient time.

The image shows the top portion of a medical form titled "VISIT-PROFILE". It includes fields for "Name", "Reason for Visit", "Address", and "Medication". There is also a "DATE" field in the top right corner.

**Top right date** – The date must be filled in at each visit.

**Top right** – If mechanical imprinting was not used or if the addressograph card lacks some information, this section should be filled in at each visit. Otherwise, leave it blank.

The image shows the bottom portion of a medical form titled "VISIT-PROFILE". It features a large "Third Party" block for notes and a "DATE" field in the bottom right corner.

**Bottom** – The "Third Party" block is to be filled out by the clinic staff. Note that it includes dependent/retiree referral for inpatient care at a DOD facility.

**Reverse** – (not shown here) Blank except for privacy act information and audit codes. This is a good place to put any addresses to which requests for old medical records should be sent.

## REVIEW PROCESS FOR REFERRALS, PAP SMEARS, BIOPSIES, AND MAMMOGRAMS

When referrals, Pap smear results, biopsy results, or mammographic studies are returned to the facility, they are to be stapled to a blank Visit Profile and then given to the referring practitioner for review.

The practitioner shall initial the OPV Caregiver box and draw a line through either "Pap", "Biopsy", or the referral type (e.g., Dental, ENT, Surgery) on the form as appropriate to indicate the report was received and reviewed. When entered into the database, the item will be deleted from that practitioner's listing of outstanding referrals/Paps/biopsies/mammograms.

Referral review process exceptions – Alcohol, emergency, and general practice referrals are not included on outstanding referral reports, so the return visit 'cross-out' step is not required. Such referrals will be counted in the monthly totals.

The Medical Manual now requires that all patients who undergo a Pap smear, biopsy, or mammogram ordered by the clinic be notified of the results. CLAMS can help with this. In addition to the line-through step described above, indicate that results were normal/acceptable (i.e., negative) and no followup is needed by placing a minus sign ( '-' ) in a circle to the *left* of the item. Indicate that the results were not acceptable (i.e., positive) or that follow-up activity is required by placing a plus sign ( '+' ) in a circle to the *right* of the item.

Personalized notification letter – Based on the results of the Pap smear, biopsy, or mammogram, CLAMS will print a letter addressed to the patient (the letter templates are included with the data base). A practitioner may prefer to telephone the patient directly for notification. If so, note on the report this method was used and discard the CLAMS-generated letter.







**AUDIT CODES**

<b>AG</b> —Acute Gastroenteritis	<b>HT</b> —Hypertension
<b>AV</b> —Abnormal Vaginal Bleeding	<b>LB</b> —Low Back Pain
<b>BA</b> —Bronchial Asthma	<b>MS</b> —Minor Surgery
<b>BM</b> —Breast Mass	<b>OM</b> —Otitis Media
<b>BS</b> —Blood in Stool	<b>PF</b> —Pediatric Febrile Illness
<b>CH</b> —Cholesterol Problem	<b>PP</b> —Pelvic Pain
<b>CP</b> —Chest Pain	<b>PY</b> —Pyoderma
<b>DE</b> —Depression	<b>SI</b> —Sinusitis
<b>DM</b> —Diabetes Mellitus	<b>ST</b> —Strep Throat
<b>DY</b> —Dyspepsia	<b>TD</b> —Thyroid Disorder
<b>HA</b> —Headache	<b>UR</b> —URI
<b>HE</b> —Hematuria	<b>UT</b> —Urinary Tract Infection
<b>HI</b> —Head Injury	<b>WC</b> —Well Child Exam

NEW PATIENT INFORMATION			
ACTIVE DUTY (All Services) AND CIVILIAN EMPLOYEES			
<b>SERVICE</b>	<div style="display: flex; justify-content: space-between;"> <span>USCG</span> <span>USA</span> <span>USN</span> </div> <div style="display: flex; justify-content: space-between;"> <span>USAF</span> <span>USMC</span> <span>OTHER</span> </div>	<b>UNIT</b>	
<b>ADDRESS</b>	<b>DEPT / DIVISION</b>		
Street			
City	<b>CHECK AS APPROPRIATE</b>		
State	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Hearing Conservation Program  <input type="checkbox"/> Command Afloat  <input type="checkbox"/> Landing Signal Officer  <input type="checkbox"/> Civilian Employee </div> <div> <input type="checkbox"/> Male  <input type="checkbox"/> Female  <input type="checkbox"/> Alert Force  <input type="checkbox"/> Aviation  <input type="checkbox"/> Foodhandler </div> </div>		
Zip	DATE OF BIRTH: _____		
<b>PHONE</b>	<div style="display: flex; justify-content: space-between;"> <div>Home: (    ) _____</div> <div>Work: (    ) _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Month _____</div> <div>Year _____</div> </div>		
<b>PROBLEM DRUGS</b>			
<div style="display: flex; justify-content: space-between;"> <div>1. _____</div> <div>2. _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>3. _____</div> <div>4. _____</div> <div>5. _____</div> </div>			

**PRIVACY ACT STATEMENT**

1. Authority for collection of the information is Title 5, 10 and 14 United States Code and Executive Order 9397.
2. Principle Purpose(s) for which information is intended to be used is the documentation of your health care. The SSN is required to identify authorized beneficiaries and retrieve health records.
3. The routine uses will be to plan and coordinate future health care needs through the use of data collection.
4. Disclosure of the information is mandatory because of the need to document all active duty medical incidents and for all other personnel/beneficiaries to document their eligibility. If the requested information is not furnished, comprehensive health care will not be possible. Emergency/Urgent health care will not be denied.

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5460B (4-91)		<b>VISIT PROFILE</b> See Privacy Act Statement on reverse			<b>DATE</b> Month      Day      Year _____/_____/_____	
<b>NAME</b>  _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Last</span> <span>First</span> <span>MI</span> </div>		<b>SPONSOR SOCIAL SECURITY NUMBER</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">             _____-_____              _____           </div> <div style="width: 40%;">             _____-_____              _____           </div> </div>				
		<b>SPONSOR</b> <input type="checkbox"/> Active Duty <input type="checkbox"/> Active Dependent <input type="checkbox"/> Retiree <input type="checkbox"/> Reservist <input type="checkbox"/> Civilian Employee <input type="checkbox"/> Non-Beneficiary		<b>DEPENDENTS</b> <input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Spouse <input type="checkbox"/> Child (circle birth order) 1 2 3 4 5 6 _____ <input type="checkbox"/> Unremarried Former Spouse <input type="checkbox"/> Sponsor's Parent/In-Law		
<b>REASON FOR VISIT:</b> _____						
<b>NEW PATIENT INFORMATION</b>						
Medical insurance other than CHAMPUS? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>SERVICE</b> <input type="checkbox"/> USCG <input type="checkbox"/> USA <input type="checkbox"/> USN <input type="checkbox"/> USAF <input type="checkbox"/> USMC		<b>ADDRESS</b> Street _____ City _____ State _____ Zip _____ Work: _____		
Do you intend to use the clinic regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> USCG <input type="checkbox"/> USA <input type="checkbox"/> USN <input type="checkbox"/> USAF <input type="checkbox"/> USMC		Medical insurance other than CHAMPUS? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you intend to use the clinic regularly? <input type="checkbox"/> YES <input type="checkbox"/> NO		
—CLINIC USE ONLY— <b>BELOW THIS LINE—</b>						
<b>MEDICAL</b> <input type="checkbox"/> Non-OPV		<b>ERRALS</b> Alcohol _____ Dental _____ Dermatology _____ Emergency _____ ENT _____ Eye _____ General Practice _____ GYN/OB _____ Internal Medicine _____ Mammogram _____ Mental Health _____ Orthopedics _____ Other _____ Pediatrics _____ Physical Therapy _____ Surgery _____		<b>DENTAL</b>		
OPV Caregiver(s) _____ Limited Visit (O-1) _____ Intermediate _____ Extend _____ After Hours _____ Biopsy _____ Lac Repair/Cast/Splint _____ Narrative Summary _____ Pap _____ Telephone OPV _____		Routine Exam _____ OMMP Basic Exam _____ Subst/Overseas _____ Foodhandler _____ Audit Code _____ Lab Test(s) _____ Medical X-Rays _____ Health Benefit Advice (Initials) _____		OPV Caregiver _____ Class _____ Prophyl Giver _____ DSO/Pano _____ Exam _____ # _____ Dental X-Rays _____ Restoration(s) _____ Biopsy _____ Surface(s) _____ Root Canal(s) _____ Pulpotomy(ies) _____ Impaction(s) _____ Extraction(s) _____ Other Surg/Quad _____ Non-Surg Perio/Quad _____ Sealant(s) _____ Denture Partial/Full/Arch _____ Treatment Appliances/Arch _____ Cast Unit(s) _____ Acid Etch Unit(s) _____ Mouth Guard/Arch _____ Study Model _____ After Hours OPV _____ Telephone OPV _____		
		<b>TICKLER UPDATE</b> Audiogram _____ PPD/C.X-Ray for TBC _____ HIV _____ Influenza _____ Tetanus/Diphtheria _____ Yellow Fever _____				
		<b>THIRD PARTY</b> <input type="checkbox"/> Injury with potential third party liability <input type="checkbox"/> Dependent or retiree referred for inpatient care at DOD Facility				
				<b>MISC.</b> 1. _____ 2. _____ 3. _____		

### PRIVACY ACT STATEMENT

1. Authority for collection of the information is Title 5, 10 and 14 United States Code and Executive Order 9397.
2. Principle Purpose(s) for which information is intended to be used is the documentation of your health care. The SSN is required to identify authorized beneficiaries and retrieve health records.
3. The routine uses will be to plan and coordinate future health care needs through the use of data collection.
4. Disclosure of the information is mandatory because of the need to document all active duty medical incidents and for all other personnel/beneficiaries to document their eligibility. If the requested information is not furnished, comprehensive health care will not be possible, Emergency/Urgent health care will not be denied.

### AUDIT CODES

<b>AG</b> —Acute Gastroenteritis	<b>HT</b> —Hypertension
<b>AV</b> —Abnormal Vaginal Bleeding	<b>LB</b> —Low Back Pain
<b>BA</b> —Bronchial Asthma	<b>MS</b> —Minor Surgery
<b>BM</b> —Breast Mass	<b>OM</b> —Otitis Media
<b>BS</b> —Blood in Stool	<b>PF</b> —Pediatric Febrile Illness
<b>CH</b> —Cholesterol Problem	<b>PP</b> —Pelvic Pain
<b>CP</b> —Chest Pain	<b>PY</b> —Pyoderma
<b>DE</b> —Depression	<b>SI</b> —Sinusitis
<b>DM</b> —Diabetes Mellitus	<b>ST</b> —Strep Throat
<b>DY</b> —Dyspepsia	<b>TD</b> —Thyroid Disorder
<b>HA</b> —Headache	<b>UR</b> —URI
<b>HE</b> —Hematuria	<b>UT</b> —Urinary Tract Infection
<b>HI</b> —Head Injury	<b>WC</b> —Well Child Exam